



DEPARTMENT OF COMMERCE AND INSURANCE  
TENNESSEE STATE BOARD OF BARBER EXAMINERS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1148  
(615) 741-2294

ATTACH

PHOTO

### APPLICATION FOR MASTER BARBER LICENSE WITH MILITARY EXPERIENCE

A copy of your DD-214 must be submitted with this application. It must show your Military Occupational Specialty (MOS) as a barber for at least two (2) years. A \$150.00 fee must accompany this application.

<b>T N  B O A R D</b>	<b>FILE NUMBER</b> <div></div>	<input type="checkbox"/> <b>APPROVED</b>
	<b>XACT NUMBER</b> <div></div>	<input type="checkbox"/> <b>DENIED</b>
		BY _____

PLEASE COMPLETE THE FOLLOWING AND HAVE NOTARIZED:

<div></div> <div></div> <div></div>				<div></div> <div></div>		<div></div> <div></div> <div></div> <div></div>	
<b>SOCIAL SECURITY NUMBER</b>							
<b>NAME:</b>		<b>LAST</b>		<b>FIRST</b>		<b>SECOND</b>	
<b>RESIDENCE:</b> _____ <b>Street</b> _____							
<b>City</b> _____		<b>State</b> _____		<b>ZIP</b> _____		<b>Telephone</b> ( ) _____	
<b>DATE of BIRTH</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>NAME OF HIGH SCHOOL</b>		<b>STATE</b>	<b>GRADE COMPLETED</b>

STATE OF \_\_\_\_\_ ---SS:

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_  
Notary Public

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